

**Ethical Social Work Practice  
with LGBT Clients: Sinners  
and Saints**

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NACSW - November 8, 2014

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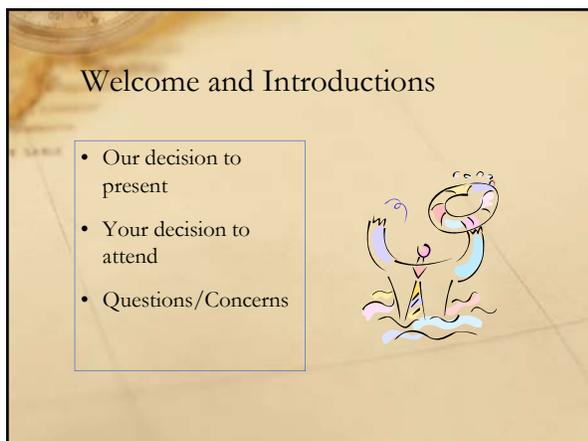
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Welcome and Introductions

- Our decision to present
- Your decision to attend
- Questions/Concerns



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Agenda

- Welcome and Introductions
- The issues for another day
- Ethical/evidence based social work practice with persons who self identify as LGBT
- The Literature
- Our Research
- Findings and Discussion

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What this is... and what this is not...

- **This is a workshop on professional social work values, practice, and research**
  - Evidence-Based
  - Culturally Responsive
    - DSM 5
    - Social Justice
- **This is a workshop that seeks to be Christ-centered, but is not primarily a theological discussion**
  - Integrating faith and practice
    - Clients' faith
    - Social workers' faith
    - Organizational context

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Group Rules/Agreements

- Treat everyone with respect.
- Raise Hands: No speaking over anyone.
- Use "I" messages for your thoughts/feelings.
- Use "Noted" to acknowledge someone else's thoughts/feelings.
- Incivility will end the session.
- Prayer will keep it going!

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The Ethical Integration of Social Work Practice

- The Client
- The Social Worker
- The Organizational Context
  - The Church as Context

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**Code of Ethics**

- Client's Interests First (1.01)
- Self Determination (1.02)
- Competence (1.04)
- Equal Access (1.05)
- Evaluation and Research (5.02)

• (Dressel & Bolen, 2014;  
<http://www.socialworkers.org/pubs/code/code.asp>).

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**1.01 Commitment to Clients**

Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.) <http://www.socialworkers.org/pubs/code/code.asp>

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**1.02 Self-Determination**

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

- <http://www.socialworkers.org/pubs/code/code.asp>

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## 1.04 Competence

(a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

(b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

(c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

<http://www.socialworkers.org/pubs/code/code.asp>

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## 1.05 Cultural Competence and Social Diversity

(a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

(b) Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

<http://www.socialworkers.org/pubs/code/code.asp>

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## 5.02 Evaluation and Research

- (c) Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice.

<http://www.socialworkers.org/pubs/code/code.asp>

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Self Determination

- Definition:
- Social Work Value:
- Biblical Value:
- Challenges:
  - When clients feel pressure to change
  - When clients do not have access to change therapy because of bans

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Saints and Sinners, One and All

- Out of the closet...
  - It's true. I am a judger
- Throwing stones

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Definition: Affirmative Practice

- Affirmative Practice is the conscious effort of the social worker to create an environment that fosters comfort, safety, and openness for the client to share and seek help.

– (Dressel & Bolen, 2014)

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Some of the special issues:

- Similar rates of depression, anxiety, suicidal ideation, physical abuse, rape sexual attack, domestic violence and childhood incest
- Stigma; Lack of social support
- Lack of medical coverage; spousal benefits
- Internalized homophobia
- Major developmental theories assume heterosexual development (Falco, 1991)

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Special Issues:

- Lesbian mothers; custody
- Lesbians of color; multiple layers of cultural heritage, identification, acceptance
- Sexuality and sexual dysfunction; therapist competence
- Alcohol and drug use; higher than general pop
- Youth and Aging: life stage issues (Falco, 1991)

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Special Issues: End-of-Life and Bereavement

- End-of-life: (Cartwright, Hughes, Lienart, 2012)
  - Historical disadvantage of lack of support
  - Advanced care planning and medical decisions
  - Health risk factors
    - Lesbians: breast and endometrial cancers
    - Gay men: Hodgkins disease and cancer
    - Transgender: diabetes, heart disease, liver disease
- Bereavement: (Fenge, 2013)
  - Risk for isolation and disenfranchised grief
  - Lack of cultural competence of helpers

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**Social Work Practice Process**

- Engagement: Client presenting problem
- Assessment
- Planning/Contract for Work
- Work/Intervention
- Evaluation of Practice/Work/EOP/Work...
- Termination
- Follow-Up

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**Engagement**

- Starts with self awareness and identifying our own stereotypical thinking and prejudices.
- Affirmative Practice Reminder
  - Affirmative Practice is the conscious effort of the social worker to create an environment that fosters comfort, safety, and openness for the client to share and seek help.
  - (Dressel & Bolen, 2014)

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**Assessment: The presenting problem...**

- Care/Case Management
  - Resource Development
  - Care Planning
  - End of Life
  - Loss and Grief
- Therapy
  - Anxiety
  - Depression
  - Substance Use
  - Trauma
  - Complicated Mourning Falco, 1991

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When the client has physical illness:

- Most Common Physical Health reasons for social work
  - Impact/Adjustment to diagnosis/prognosis
  - Health Care Coverage
    - Skilled
    - Unskilled
  - Health Care Planning
    - Immediate/Continuum
  - Caregiving
    - Immediate/Continuum

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Care and Case Management: Best Practice

- Task Centered Model
  
- Problem Solving Model

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When the client has mental illness:  
Therapy

- Anxiety and Depression
  - CBT, REBT, TFCBT
  - Behavioral Therapy/the Exposure Therapies
  - EMDR
  - Role of Medication
- Substance Use
  - Motivational interviewing
  - AA/group model
  - ACT
  - EMDR

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Therapy Continued

- Trauma
  - EMDR
  - For Family Relationships: SFT
  - Trauma Focused CBT
- Complicated Mourning
  - Guided Mourning
  - Re-grief

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The question you haven't asked yet

- What about sexual orientation as the presenting problem?
  - Conversion/Reparative Therapies
  - Scripturally Based Cognitive Behavioral Therapy
    - Celibacy
    - Renouncing the church and sometimes the faith
    - Living in the faith / finding a church

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Social Work and Macro Practice

- What does it mean when the system needs to change?
  - Advocacy
  - Education
  - Modeling
  - Referral for Resources

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Some resources we found helpful:

- Rob and Linda Robertson
- [http://www.huffingtonpost.com/linda-robertson/just-because-he-breathes-learning-to-truly-love-our-gay-son\\_b\\_3478971.html](http://www.huffingtonpost.com/linda-robertson/just-because-he-breathes-learning-to-truly-love-our-gay-son_b_3478971.html)
- [http://www.huffingtonpost.com/linda-robertson/a-letter-to-the-just-because-he-breathes-haters\\_b\\_5971808.html?utm\\_hp\\_ref=religion&ir=Religion](http://www.huffingtonpost.com/linda-robertson/a-letter-to-the-just-because-he-breathes-haters_b_5971808.html?utm_hp_ref=religion&ir=Religion)
- <http://justbecausehebreathes.com/>
- Pastor Danny Cortez
  - <http://www.youtube.com/watch?v=WqYvkVqVLFo>

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Evaluation of Practice and Research

- Contract for work with clear measurable goals and objectives
- Baseline data measuring the scope of the problem
- Regular measures evaluating progress
- Change in treatment when indicated
- Post treatment measurement with results

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What about Conversion therapy?

- <https://www.youtube.com/watch?v=rWYAwnMlH4&feature=youtu.be> (confronting and withdrawing fellowship from your Christian adult child who comes out)
- <http://www.nclrights.org/bornperfect/> (born perfect group committed to the end of conversion therapy)
- “To date there is no conclusive evidence that reparative therapy is beneficial to patients” (Hein & Mathews, 2010, p. 31 in Dessel & Bolen, 2014, p. 242).
- NASW policy statement: *“No data demonstrate that reparative or conversion therapies are effective, and in fact they may be harmful (Davison, 1991; Haldeman, 1994).”*

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**Our Research**

- Qualitative (phenomenological) Study
- Question: What is the Lived Experience of Persons Who Identity as Christian and Identify as LGBT? What is their experience with physical and mental health treatment?
- Six interviews to date: telephone and in person interviews; transcribed; confidentiality protected;
- Preliminary analysis with primary and secondary coding in ATLAS.ti

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For more details on Preliminary Themes in our data, please contact the presenters. These findings are not included as they are being prepared for publication.

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**Summary: Physical Health Best Practices**

- Advanced Case Management
  - Task Centered
  - Problem solving
- Resource Development
- Budget Planning
- Caregiving Planning
- Least Restrictive Setting

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## Summary: Mental Health Best Practices

- Identification of the Mental Health Diagnosis
- See previous slide for best practices for anxiety, depression, substance use, etc.
- Sexual orientation is not a mental health diagnosis
- Social work opportunity for identity congruence, affirmative practice, and macro interventions

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